Volume 2, Issue 2

Spring/Summer, 2001

# MIRECC Messenger

VISN 4 Stars & Stripes Network



#### **Now Showing!**

CD-roms and videotapes of our fall conference on "Suicide Risk Identification and Prevention in Primary Care and Behavioral Healthcare Settings" are now available. VA clinicians and researchers who were unable to attend the actual event and who would like to view the CD or video should contact Katy Ruckdeschel, MIRECC Sr. Education Coordinator (215-823-5957).

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#### **Clinical/Educational Demonstration Projects Funded**

The VISN 4 MIRECC formed the Clinical and **Educational Demonstration Projects Small** Grants Program to assist and encourage clinical staff and educators to develop new, innovative clinical and educational interventions, enhance current educational materials or programs that target patients with comorbidity and/or their families, or improve the system of care delivery. The Clinical and Educational Demonstration Projects Small Grants Program supports the mission of the MIRECC by funding projects designed to directly apply empirical knowledge to improve the clinical care of veterans, or to provide education to providers and trainees to enhance the delivery of high quality healthcare to veterans.

The MIRECC had the privilege of extending a VISN-wide request for proposals for the clinical and educational demonstration projects, which was met with an enthusiastic response: 20 professionals representing nearly every site in the VISN submitted creative proposals with great potential for improving the care of our veterans. As the front-line care providers in the VA system, these individuals are an important source of ideas regarding clinical and educational services that are underdeveloped or lacking, and creative solutions to remedy these gaps.

Based on a review by a panel of experts, eleven projects were selected for funding (for up to \$5,000 each). Congratulations to the following VISN 4 professionals:

Thomas Bartsch – Clarksburg, WV Assessing the Impact of a Structured Family Education Program on Severity of PTSD, Substance Abuse, and Depression in Recent Graduates of VA Clarksburg's PTSD Residential Rehabilitation Program

**Sandy Beahm** - Butler, PA
Development of a VA Behavioral Health Web

Arthur Coffey – Coatesville, PA Word Therapy: A Holistic Approach to the Treatment of Mood/Behavior and Memory among Alzheimer Patients (Veterans)

**Rose Ann Flick** – Erie, PA Are Anxiety Disorders Under Diagnosed in the Primary Care Setting?

Sharon Magan – Pittsburgh, PA Obesity and Serious Mental Illness: A Pilot Study of the Effectiveness of a Gastric Lipase Inhibitor on Weight Loss, Serum Lipid Levels, Serum Glucose, and Hostility in Persons with Chronic Schizophrenia

Ronals Pekala - Coatesville, PA
A Psychoeducatinoal Smoking Cessation Pro(Continued on page 3)

## **Upcoming Events**

To conclude our series on suicide prevention, the MIRECC will be offering a half-day workshop entitled, "Suicide Risk Identification and Prevention: Focus on Behavioral Health and Primary Care."

This workshop will be presented at the Pittsburgh and Philadelphia medical centers, and will provide an interactive, clinically-focused forum in which to address the issues specific to these care settings. We then will integrate this workshop with the material from our March workshop on suicide prevention in geriatrics (see "Educational Offerings"), to create a single presentation that will be offered over the course of this fall at the eight remaining medical centers in the VISN.

Watch your email for the program brochure and be sure to save the following dates: Thursday, 8/9/01 in Pittsburgh and Tuesday,

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#### **MIRECC Research: 2001 Pilot Projects**

For the second year, the MIRECC issued an RFP for pilot research projects, to which researchers across VISN 4 responded. Nine proposals were submitted, and six were funded after undergoing a process of review by senior VA researchers. Investigators each will receive up to \$25,000 to carry out their studies, which are seen as initial steps to obtaining external funding for larger, follow-up projects. We are pleased to present the projects that received MIRECC pilot funds for 2001.

**Ronald Ehrman, Ph.D.** *Non-reactive cognitive measure of nicotine dependence in depressed and non-depressed smokers.* This study will use non-reactive performance measures to characterize depressed and non-depressed smokers' relapse vulnerability in three realms: attentional bias, emotional bias, and attitudinal bias. The goal is to determine whether these attentional/attitudinal processes mediate the increased relapse vulnerability of depressed smokers.

**Adam Gordon, M.D.** Comparisons of outcomes of veteran and community housing programs for vulnerable homeless populations. This study will compare the medical, psychiatric, and social outcomes of veterans enrolled in community versus veteran sponsored subsidized housing programs. The attitudes of veterans in community housing programs toward veteran programs and facilities also will be explored.

Mary Kelley, M.D. Excess zeros in the analysis of ordinal healthcare outcomes. This research will develop a statistical technique for the analysis of ordinal data with an unusually high number of observations in the lowest category. MIRECC data sets from three ongoing studies will be used to demonstrate the benefits of this type of analysis.

**Daniel Langleben, M.D.** Brain Substrates of PTSD-induced heroin craving in opiate dependent veterans co-morbid for PTSD. This study seeks to identify the brain correlates of heroin "craving" in methadone-maintained patients co-morbid for Post-Traumatic Stress Disorder (PTSD) using functional magnetic resonance imaging (fMRI). This research will test the hypothesis that combatrelated cues in methadone-maintained subjects co-morbid for combat-related PTSD will induce heroin craving and increased MRI signal in the amygdala and the cingulate, inferior, and middle frontal gyri.

**Howard Moss, M.D.** Sequence *Variations in the Mu Opioid Receptor Gene and Functional Responsivity to Naloxone Challenge in Alcoholics.* This study will investigate both the functional responsivity of the endogenous opioid system and the genetic variability in the loci encoding this receptor in alcoholic veterans with and without familial alcohol dependence. The goal is to determine whether this polymorphism in the OPRM1 gene could account for variations in the physiological state of the endogenous opioid system in patients at familial risk. This information could allow drug treatment to be individualized and therapeutic responses optimized.

**Steven Sayers, Ph.D.** Integrated comorbidity model of congestive heart failure. This will be a short-term longitudinal study to obtain preliminary data regarding a comorbidity model for mortality in CHF that integrates the effects of family environment and patient depression on adherence to diet restrictions, medications, and other requirements of CHF treatment. The study also will demonstrate the feasibility, reliability, and validity of the assessment of adherence and family environment in CHF patients.

## **Educational Offerings**



In March, the MIRECC presented our first workshop to follow our fall conference on suicide prevention. The workshop focused on suicide prevention with geriatric patients, and brought physicians, social workers, nurses, and psychologists to a half-day event at both the Pittsburgh and Philadelphia VAMCs.

The workshop began with a lecture by experts in both geriatrics and suicide, Charles Reynolds, III in Pittsburgh and Gregory K. Brown in Philadelphia. Their presentations highlighted risk factors such as depression and poor social support, explored special issues in geriatrics including dementia and passive suicidality, and noted some of the many system-level challenges in healthcare delivery, such as the lack of mental health staff for consultation and difficulties in following-up with at-risk individuals.

A mock patient interview further developed these

themes, as the audience met "Mr. D," a 73-year-old, divorced veteran who lives with and cares for his 95-year-old mother. Mr. D suffers from multiple chronic illnesses including COPD and severe back pain, and recently had learned that he had been labeled a "complainer" by primary care staff.

In the first breakout session, participants explored these and other assessment issues in their discussion of "Challenges to Case Conceptualization." They highlighted Mr. D's caregiver strain, his poor treatment compliance, chronic pain, and recent bereavement as relevant risk factors in this case.

New case vignettes, specific to behavioral health, primary care, community, or long-term care settings, were introduced for the second breakout session. In this session, participants focused on identifying interventions ("Innovative Solutions") to try to prevent a suicide attempt.



## **Clinical/Educational Demonstration Projects, continued**

(Continued from page 1)

gram for Substance Abusers

**Holly Ruckdeschel** – Coatesville, PA Treatment Manual for Psychotherapy for Long-term Care Residents with Depression and Dementia

Timothy Smith - Erie, PA

MMPI-2: Does it Provide "Value-Added" to the Compensation and Pension Exam Process?

**Pauline Steinmeyer** – Erie, PA Eat Smart Clinical Intervention Demonstration Project

Ralph Van Atta – Clarksburg, WV Clinical Manual for Differentiating Malingering and Pseudologia Fantastica Cindy Webreck – Butler, PA Support for the Addicted patient with Hepatitis C

The MIRECC would like to see this group of project leaders —hopefully the first of many— become comfortable and competent in developing and implementing clinically useful projects. To this end, MIRECC personnel will offer guidance to the awardees to support their ability to carry out their projects. Regular calls and contact with MIRECC staff with expertise relevant to the project content are planned to help ensure that the awardees enhance their skills in developing and implementing these projects.

"Twenty professionals representing nearly every site in the VISN submitted creative proposals with great potential for improving the care of our veterans."

#### Spotlight on a MIRECC Investigator: Robert Weinrieb, M.D.

A graduate of the State University of New York at Buffalo School of Medicine, Dr. Weinrieb completed his residency at St. Vincent's Hospital and Medical Center in New York City. The director for substance abuse teaching at St. Vincent's at the time, Daniel Flavin, became Dr. Weinrieb's mentor and helped lead him toward a career in addictions psychiatry. During his training, Dr. Weinrieb was struck by the extent of the damage addictive disorders caused in the lives of patients and their families, and by how many medical problems coexisted with these disorders. Knowing he wished to remain involved in general medicine, Dr. Weinrieb naturally was drawn to the comorbid population of substance abuse patients with major medical illness.

Dr. Weinrieb's next stop was the University of Pennsylvania and the Philadelphia VAMC, where he served as a Clinical Research Fellow before joining both the University and the VA full time in 1993. Currently, Dr. Weinrieb is Assistant Professor of Psychiatry at the PVAMC, where he is active in educating medical students, psychiatric residents and substance abuse fellows.

Dr. Weinrieb's primary research interest lies in the treatment of addictive disorders in the severely medically ill. He is involved in multiple research projects in this area, including studies of the use of motivational enhancement therapy and case management with liver transplant candidates who have alcohol use disorders, and the effect of alcohol use on the immune system in hepatitis C infected alcoholics and HIV positive individuals. Another project, "A pilot evaluation comparing interferon alfa-2B plus ribavirin either alone or with an antidepressant in the treatment of methadone maintained opiatedependent veterans with chronic hepatitis C infection" was one of the six start-up studies that launched our MIRECC.

Interferon plus ribavirin currently is our best treatment for hepatitis C infection; however, many people stop taking interferon because of its side effects, chief among which is depression. This study seeks to address this problem by comparing standard care for methadone-maintained hepatitis C patients, in which antidepressants are prescribed in response to depressive symptoms, to an experimental condition in which patients will receive antidepressant treatment prophylactically. The groups will be compared on treatment adherence and extent of side effects, as well as on levels of the hepatitis C virus. If this treatment approach proves safe and demonstrates some benefit for patients, Dr. Weinrieb plans to apply for funding for a larger trial.

On the horizon for Dr. Weinrieb are plans to develop, along with Dr. Tom McLellan, a Center for the Treatment of Addictive Disor-



Dr. Robert Weinrieb

ders in the seriously medically ill. Along with other hepatitis C experts, he also is applying for a Center of Excellence for HCV treatment at the PVAMC.

Dr. Weinrieb's family does more than its share to advance the mental health of our community. Along with his own efforts on behalf of patients with addictive disorders and serious medical illness, his wife, Karen, serves as director of mental health services at a Philadelphia children's agency. Dr. Weinrieb stays in shape to keep up with his three young children by biking to work and sculling and rowing on the Schuylkill River.



#### VISN 4 Stars & Stripes Network

Philadelphia VAMC/116A University & Woodland Avenues Philadelphia, PA 19104

Phone: 215-823-5957 Fax: 215-823-4123

**Focus on Comorbidity** 

### **Upcoming Events**

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**8/14/01** in Philadelphia. The program will run from 8:45-12:30, and CE credits will be offered for physicians, nurses, psychologists, and social workers.

The MIRECC will sponsor a full-day conference on "Treatment of Substance Use and Dual Disorders: Current Advances" on 10/3/01 in Philadelphia and 10/16/01 in Pittsburgh. Stay tuned for further details and watch your email for registration information.



# Save the dates:

Suicide Risk
Identification and
Prevention: Focus on
Behavioral Health and
Primary Care

August 9, 2001 in Pittsburgh and August 14, 2001 in Philadelphia